

# SC DHEC Public Health Region 8

*Serving Beaufort, Colleton, Hampton, and Jasper Counties*



2007 - 2008 Annual Report



## SCDHEC, Public Health Region 8

Beaufort, Colleton, Hampton and Jasper Counties  
Region Headquarters  
1235 Lady's Island Drive  
Port Royal, SC 29935  
(843) 525-7603

### A Message from your Region Public Health Director



Dear Colleagues,

The South Carolina Department of Health and Environmental Control Public Health Region 8 is pleased to provide you with our fiscal year 2008 Annual Report. The report highlights activities and services provided by the health departments in Beaufort, Colleton, Hampton and Jasper counties.

Our vision is Healthy People Living in Healthy Communities. To realize this vision, the Region 8 Public Health Team has focused this past year on expanding our capability in the areas of community health and chronic disease prevention. We have worked with schools on obesity coalitions and conferences and have worked closely with local communities on smoke-free workplace ordinances. We've also begun community-wide assessments that will enable us to prioritize our efforts to improve the health of all of our residents.

We daily assess and evaluate our services in an effort to provide the best customer service and to be the best steward of your tax dollars. The Region Leadership Team regularly monitors health indicators and uses the data to implement strategies that positively impact health outcomes throughout the Region.

The information in this annual report is a snapshot of our many services. Our Region continues to seek opportunities to work collaboratively with community partners to improve our efficiency and effectiveness in tackling local public health issues. We welcome your comments and suggestions to help us achieve our vision of Healthy People Living in Healthy Communities.

Sincerely,

Matt Petrofes, MBA  
Health Director  
Public Health Region 8  
SC Department of Health and Environmental Control

#### **Region 8 Leadership Team**

Nick Davidson, MS

Mary Edmonds, MA

Geri Lester-Baldasare, BS

Blaine Lyons, BS, REHS

Deborah A. McCoy, MSW, LMSW

Westley Byrne, DrPH, NP

Linda Summerall, MSN, RN

Director of Public Health Preparedness

Region Administrator

Director of Community Health and Chronic Disease Prevention

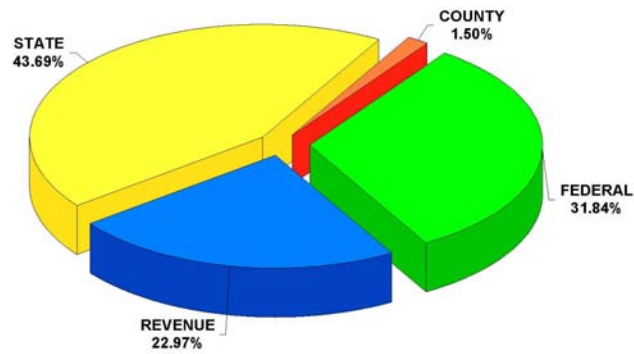
Director of Environmental Health

Director of Integrated Services/Social Work/WIC

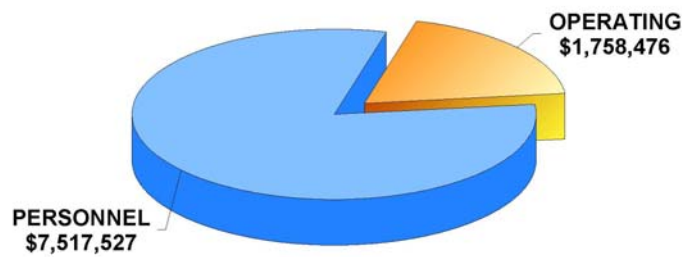
Director of Clinical Services/Nursing

Director of Continuous Quality Improvement

# Fiscal Year 2007/2008

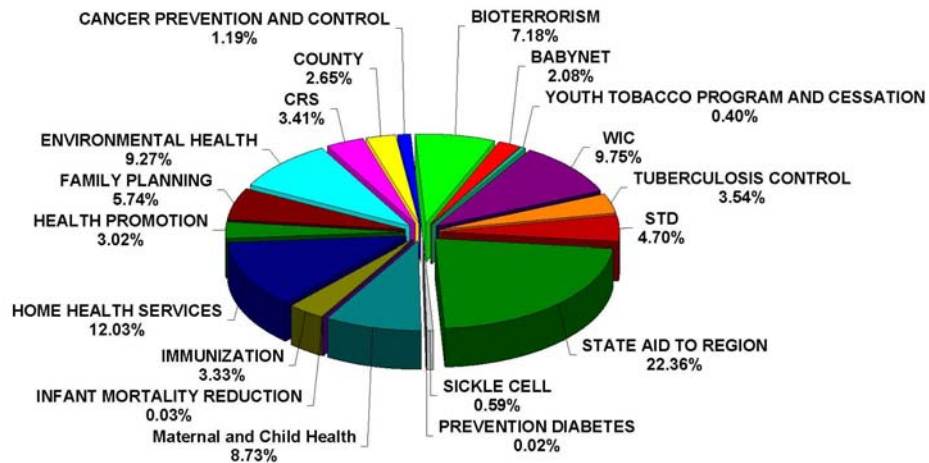


REGION BUDGETED REVENUE



Total: \$9,276,003

COMPARISON OF PERSONNEL TO OPERATING EXPENSES



BUDGET DISTRIBUTION BY PROGRAM AREA

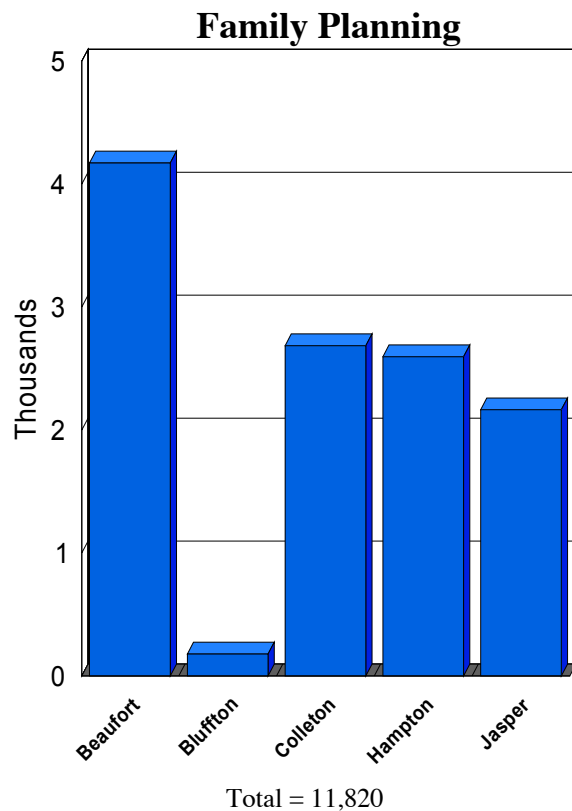
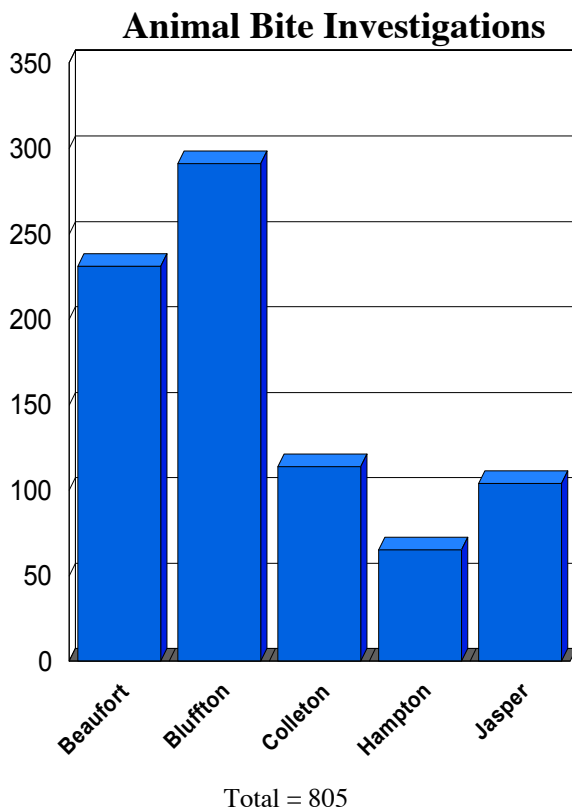
## Public Health Region 8: A Snapshot of our Services

We continuously track the type and number of services we provide. These measures are indicators of whether or not our services are consistent with our mission to address the unmet need in our communities. The Region Leadership Team reviews the indicators on a monthly basis and then uses the information to make strategic decisions that will place the health departments in the best position to serve our clients.

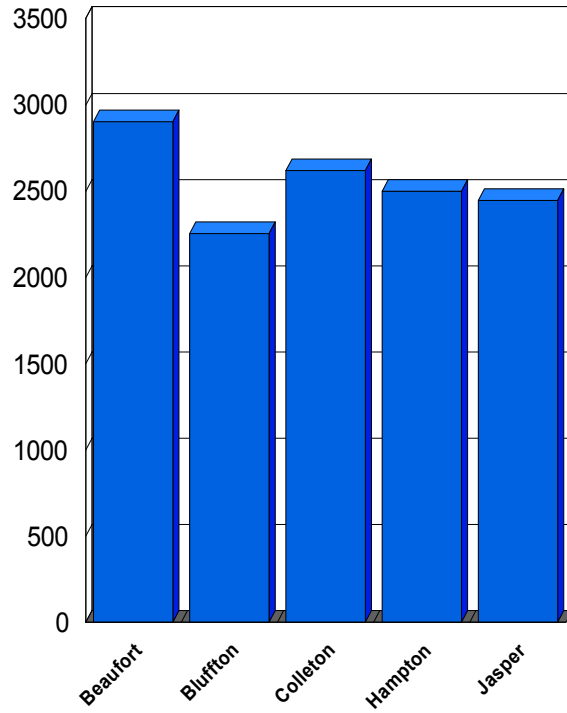
The next few pages will give you a graphic display (broken down by each of our five primary service delivery sites) of the total number of activities performed in some of our core services. These services are critical to our mission and many of them receive a high degree of public attention.



Drive up, walk up, or walk into one of our clinics...we want there to be  
NO reason for our residents not to get their flu shots!!!

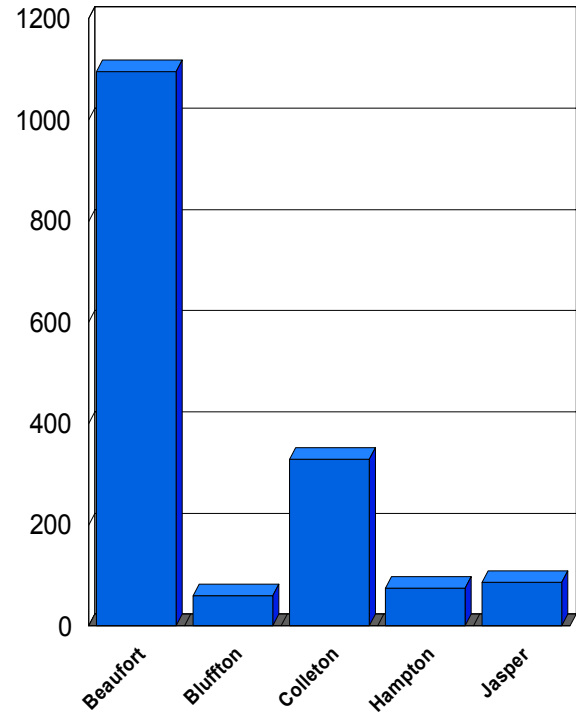


### Immunizations



Total = 12,719

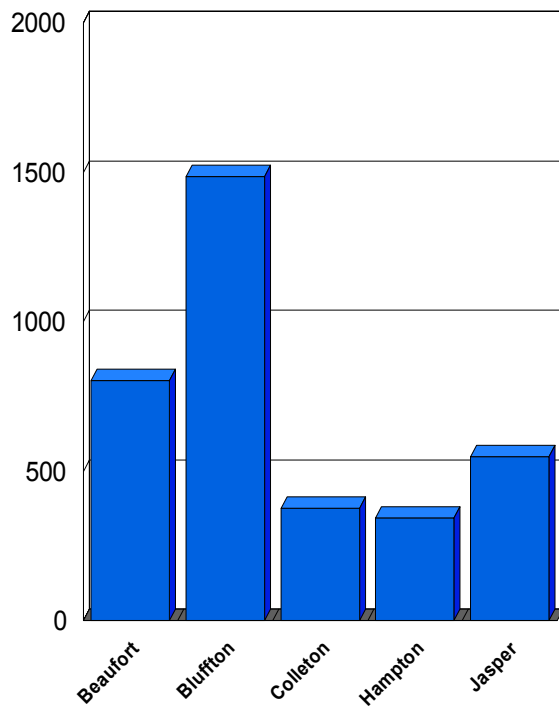
### Integrated Services\*



Total = 1,646

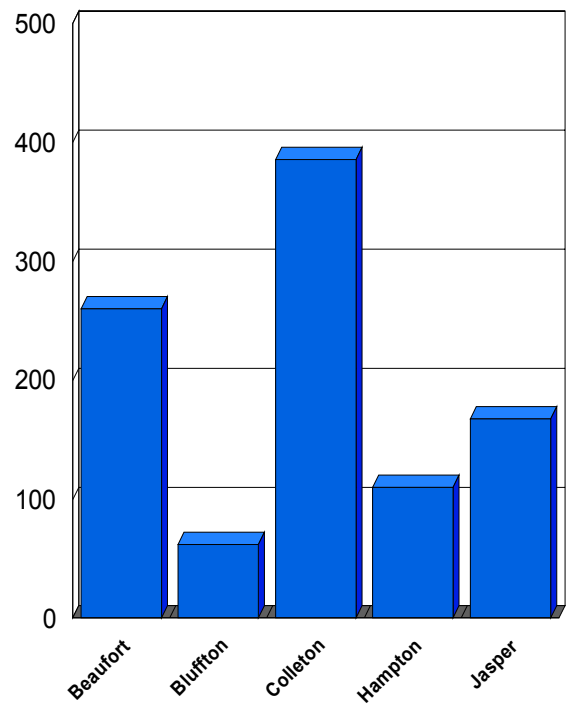
\*Integrated Services data include Newborn Home Visits, Family Support Services, Pediatric HIV/AIDS, and Social Work Services.

### Restaurant Inspections

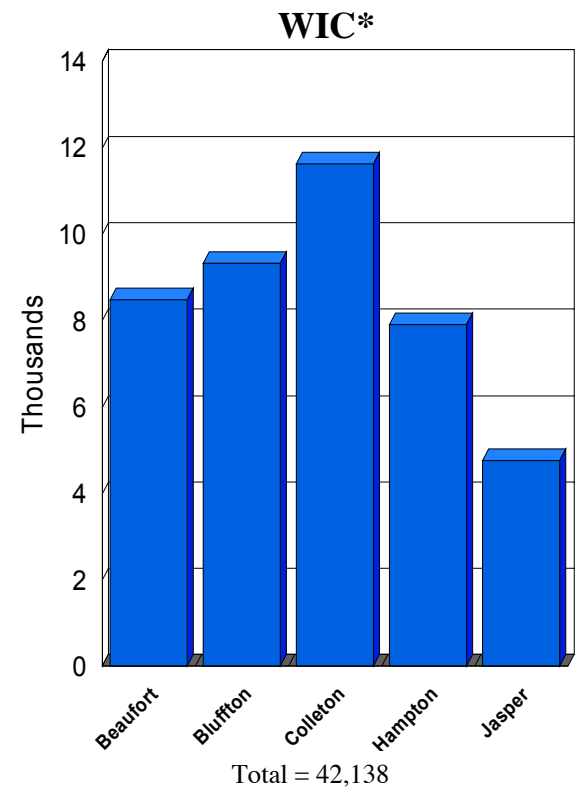
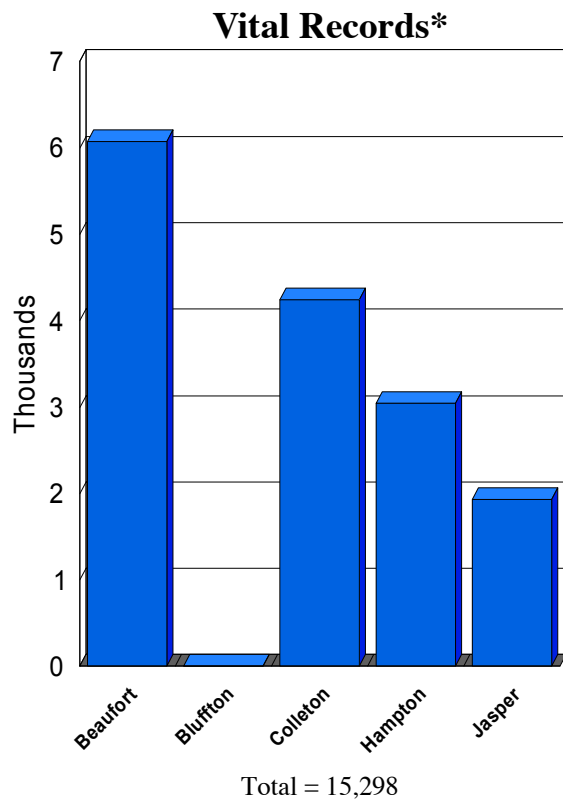
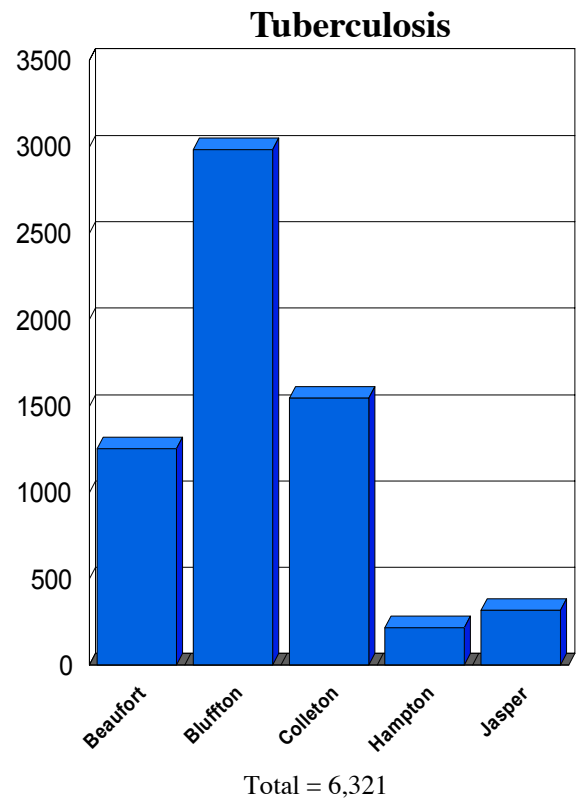
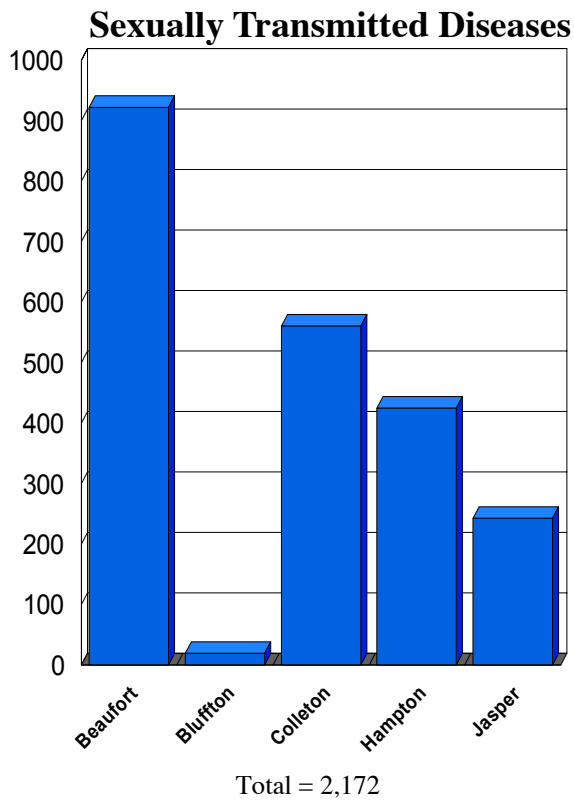


Total = 3,563

### Septic Tank Applications



Total = 986



\*Vital records includes: Issuance of birth and death certificates.

\*Women, Infant and Children's special supplemental nutrition program.

# Environmental Partnership

**Joe Flood and Blaine Lyons, Environmental Health**

Residents of the Lowcountry enjoy the benefits of living in one of the most pristine coastal areas in America. As the “secret” of this region has gotten out, the potential threats to our coastal resources due to population growth and development continue to increase. Many private, civic, business, and governmental partners are working together to protect and enhance our coastal environment and its resources. One of these partnerships is that of Environmental Quality Control (EQC) with Health Services/Environmental Health.



Environmental Health conducted 15,586 field activities during FY08. However, these activities are just a part of the total effort expended to preserve and protect the Lowcountry’s unique environment. The program responsibilities of Environmental Health and EQC are inter-twined in many areas that have a direct impact on preserving and enhancing the coastal environment to ensure that a healthy and enjoyable community is maintained. Close coordination between the two are needed when planning food facilities, day care centers, and schools in order to keep a safe water supply and sewer system. Should these utilities be interrupted, EQC promptly notifies Environmental Health so that measures can be taken to ensure the food and water are safe for everyone.

EQC regulates both public and private wells, and provides consultation to homeowners who may have well water quality issues. The Health Department in each county serves as a resource for property owners. Water samples are bottled and shipped to the DHEC lab. When new subdivisions are proposed, Environmental Health and EQC evaluate the best method of providing utilities. Joint participation by EQC and Environmental Health in municipal and county environmental planning committees is becoming a common occurrence. Local governments, struggling to manage growth while protecting their resources, rely on this input. Disease outbreak investigations, disaster response, and natural or man-made pollution investigations are a few other areas where EQC and Health Department staff work shoulder to shoulder.

At this time of year there is a unique activity in our coastal Lowcountry in which both departments share--the shellfish harvest. Commercially harvested oysters and clams, along with locally harvested shrimp make up the majority of a \$25 million coastal industry that employs hundreds, and feeds many thousands. SCDHEC plays a vital role in seeing that locally harvested shellfish remain a safe and viable resource for both harvester and consumer.

EQC is home to the Shellfish Sanitation Program. The program is responsible for monitoring water quality around shellfish harvesting areas. Heavy rains, increased coastal development, and non-point source runoff can threaten and harm this fragile resource. EQC tests both the shellfish and the waters they live in to protect coastal shellfish stocks. EQC is also responsible for overseeing approved wholesalers and retailers to ensure the product is handled, labeled, and stored safely.

Environmental Health plays a role in the safety of shellfish for consumption. While most traditional oyster roasts occur at home, many of us dine on the tasty treats at local restaurants. Although clams and oysters are protected from the elements by their shells, they are highly susceptible to temperature variation and spoil quite easily. It is the responsibility of the Environmental Health Food Service Program to ensure that clams and oysters are properly labeled, stored, and handled during preparation. Labeling helps confirm that shellfish were harvested by a licensed individual from approved locations. Labeling also gives the inspector information about the amount of time that product is in storage. Frequent inspections of refrigeration areas where shellfish are stored and prepared help ensure that proper temperatures are maintained and safe handling practices are followed.

As our coastal population grows, so do the challenges in protecting our fragile environment. Our partnership with EQC is critical to successfully meeting those challenges. We thank the staff of EQC for partnering with us to keep Region 8 a wonderful place to call home.



# Region 8 Workforce— Soaring to New Heights

**T-Gale Gardner Parker, Workforce Development Coordinator**

It has been said that we never stop learning. DHEC employees are making the most of this saying and taking their learning potential to new heights by participating in formal academic educational programs. While life continues with work, family, hobbies, and other commitments, some Region 8 employees have added books, tests and research papers. Sheila Silon (RN I) and Johnelle Gooden (Nutritionist II) have agreed to share their experiences to encourage others to recognize that it may not be easy, but it can be done, and done well!

A full time job, a spouse, children, and community activities are more than enough for one person to juggle. But adding two, three, or even five nights and a full day on the weekend day in the classroom away from home—it doesn't sound possible. Yet, Johnelle heads to class at South Carolina State from her DHEC headquarters in Walterboro, and Sheila commits time everyday to on-line Bachelor of Science in Nursing classes through the University of Phoenix.



Sheila Silon

“One course is only five weeks,” Sheila says. “It’s very fast paced, so I have to do course work everyday to keep up. I’m thankful for the on-line courses because this is the only way I could go back to school. Sheila is married and has two children, ages ten and thirteen. “It is definitely a family commitment. The kids have to understand why Mommy can’t go with them on some weekend trips or why they have to have a little more quiet time.” But there’s opportunity for quality time as well, when, as sometimes happens, they all do their homework together. Sheila’s husband shows his support by taking the kids out to dinner and a movie one night a week. “That helps to get in a few more moments of quiet study time.”

Johnelle’s goal to excel in her DHEC career as Nutritionist II, helps to keep her focused. Though she is very busy in her position with the agency, the second part of her day begins when her DHEC day ends. “Since completing my undergraduate degree, I’ve always wanted to continue in a Master’s program. I finally said, ‘No more putting it off, it’s now or never,’ and here I am.”



Johnelle Gooden

Sheila sums up her experience with the observation that, “There won’t be more put on you than you can take. That applies to everything. We have time to work, even time to be sick. It may not seem like it, but there’s time to go back to school. I can’t tell you what I did with this time before.”

By investing this time and effort, Region 8 employees are preparing for the future. As DHEC strives to build a workforce capable of replenishing itself by retaining employees, these employees recognize the commitment DHEC is making to help them advance into higher level positions, some of which are being vacated due to retirement or other reasons. They realize, “Here’s an opportunity to return to school, while there is a set schedule at work and I don’t have to worry about work time conflicting with class time.” So many people have jobs with unstable work schedules that will not allow them to commit five weekday evenings and a Saturday to class time. DHEC works with staff to provide the stability required to pursue advanced studies. As Sheila says, “My supervisors are really supportive. By allowing me to flex my schedule so I’m off a little early one day a week, there is more time to devote to school.” Johnelle is no different. Evening classes begin at 5:30, so she has to leave the Colleton Health Department a few minutes early to get there on time.

DHEC supports employees efforts to further their education. This includes the trainings offered by DHEC through the Office of Quality Management and opportunities presented through the Workforce Development Plan in mentoring, job rotation, and job shadowing. All of these are ways to improve knowledge base in public health, and prepare for other positions within the agency.

So, here’s to all DHEC employees reaching for their full learning potential and continuing their educational journey. The road may get a little rocky sometimes, but you’re paving the way to a smooth future in your career. Remember, we’re behind you!



# Region 8 Behavioral Health Team in Action

**Deborah McCoy, Social Work Director**



Explosion site, Dixie Crystal Refinery, Port Wentworth, GA

On Thursday, February 7, 2008 an explosion occurred at the 90-year-old Imperial Sugar, Dixie Crystal Refinery in Port Wentworth, Georgia that resulted in large scale fires, injuries, hospitalizations and deaths. There were at least 100 people working inside at the time; 47 required medical care and 17 were sent to the Augusta, Georgia Burn Center. Ultimately, the death toll rose to 11.

The following Sunday, DHEC Region 8's Behavioral Health Team was called to assist the Red Cross in the aftermath. The Team returned every day for the next three days. Team members included four Social Workers from DHEC Region 8, a social worker from Beaufort Memorial Hospital, therapists from Coastal Empire Mental Health, several people from the Coastal SC Medical Reserve Corps, Hospice Care of The Lowcountry, and several people in private practice. Social Work staff participating from Region 8 included Debbie McCoy, Freddie Armstrong, Barbara Laurie, and Paige Holcomb.



Jerry Stewart, Ellen White, Debbie McCoy, and Matt Bram at the refinery site.

The Team operated a Family Service Center outside the main entrance to the plant, and was available at the Incident Command Post located about 200 yards from the explosion site. Staff worked directly with responders (firefighters, law enforcement, Red Cross, plant employees) at the plant site and also participated at daily meetings with family and friends. The team was able to offer psychological first aid and crisis counseling and intervention. Team members assisted with an emergency blood drive and provided resource and referral information. Additionally, they served meals, offered care and comfort, and generally assisted however needed.

When an incident of this magnitude occurs in a community, everyone is touched - employees and their families, friends and their families, responders and their families, pastors, church staff, neighbors, police and firefighters. It was an honor and a privilege to work with this community and to watch Region 8 staff in action.

Our thoughts and prayers remain with the victims and their families.

## Robert Woods Johnson Foundation MLC-3 Grant

**Linda Summerall, CQI Director**

The DHEC office of Performance Management is one of 16 organizations across the nation awarded a three year grant which will focus on preparation of the agency for voluntary national accreditation in 2011.

DHEC is entering in the third phase of the Multi-state Learning Collaborative (MLC-3) project. Earlier phases have focused on development of standards for public health. The current phase will focus on use of systematic quality improvement to address specific targets. The four focus areas for DHEC will be the use of standards, assessment of performance, analysis of results, and use of quality improvement methods to develop improvement plans.

The grant involves the Office of Performance Management and two DHEC Regions. Region 4 and Region 8 have been selected, although all Regions will benefit from training opportunities and implementation of proven successful strategies to improve performance over the three year grant period.

A Region staff member will be trained in Lean Six Sigma (scientific model) and/or Institute for Health Care Improvement Breakthrough series collaborative model, and the Information learned will be shared with staff.

The Region 8 team: Matt Petrofes, Geri Lester, Nick Davidson, Gale Parker and Linda Summerall, and the Region 4 team will work on two selected target areas. The first is to reduce the percentage of the population exposed to secondhand smoke; and the second is to increase the percentage of pregnant women receiving prenatal care in the first trimester. Educational sessions will help participants learn about proven strategies for improvement. Best practice information is applied to the development of PDSA cycles that are implemented locally and evaluated during the course of the collaborative. Information learned is shared among counties, regions and the central office.

There will be bi-annual National meetings and regular conference calls to stay abreast of what is happening in other states. Matt Petrofes and Geri Lester attended the first National Conference in August. Geri will oversee the implementation of the grant and a new position will be established to assist with the program. This will allow Geri to dedicate time to work with the county teams and coordinate Continuous Quality Improvement activities with the CQI Director.

# Preventive Health Services: *Family Planning, STD/HIV, Pregnancy Testing and Immunizations*

Gail Temple, Family Planning Program Nurse Manager



Increasing the family planning caseload is a top priority. The mission of the FP Program is to provide individuals with the information and means to exercise personal choice in determining the number and spacing of their children. A wide variety of contraceptive methods is available. FP services include patient history, assessment, physical exam, labs, and health education. Patients are screened for common vaginal infections. Lab testing is done as needed, and may include testing for cervical cancer, gonorrhea, chlamydia, syphilis, herpes, and HIV.

The STD/HIV program is founded on the public's right to be protected from sexually transmitted diseases. STD/HIV services include history, assessment, physical exam, labs, health education, and medications for a variety of STDs and common vaginal infections.

Client cost for both the FP and STD/HIV programs is based on income. No one is ever turned away because of a lack of resources to pay for services.

We have specialty-educated and skilled Preventive Health Registered Nurses in each Region 8 Health Department, providing care Monday—Friday. Our objective is to deliver the highest quality preventive health services in the most customer-friendly manner. When clients call, they are offered a same-day or next-day appointment for whatever their needs are – family planning, STD/HIV, contraceptive refill, pregnancy testing, or specific immunizations. For clients walking into the clinic without an appointment, every effort will be made to accommodate their needs right then and there. Our goal for our patients is *“every point of entry into care is the right point of entry.”*

## Increased Focus on Chronic Disease Prevention

Geri Lester-Baldasare, Director of Community Health & Chronic Disease Prevention

In South Carolina the number one cause of death alternates between cardiovascular disease (CVD) and cancer. Region 8 mirrors this statistic with diabetes also ranking in the top ten leading causes of death.

It is the responsibility of the Community Health/Chronic Disease Prevention (CH/CDP) Team to aggressively seek to make an impact on these disease processes. Staff are doing this by increasing educational opportunities and creatively incorporating programs that have proven effective in reducing chronic diseases. Currently, the CH/CDP Team is evaluating all four counties in Region 8 to assess community health needs and readiness with the intent of causing our residents to make changes in behavior that can directly affect their health.

Cardiovascular disease programs such as Search Your Heart and Power To End Stroke are being offered to faith-based communities. We are working closely with the schools to provide childhood obesity programs and body mass index data reports. Our diabetes program targets not only those living with diabetes, but also physicians and school nurses. It's designed to provide diabetes education for the community and Standards of Care for medical professionals. The Local Public Health Systems Assessment is being utilized in the counties of Region 8 to further identify the needs and address specific needs with evidenced based programs.

We realize that people are at different stages of moving toward healthy behavior change - increasing physical activity, eating healthy, and reducing tobacco use. Research shows that the African American population is disproportionately affected by CVD, diabetes, and cancer. We can lessen the adverse impact of these conditions by providing educational programs that are designed to heighten the knowledge and awareness of signs and symptoms and access to proper medical care. Ultimately we hope to lessen the occurrence of these conditions by helping our residents incorporate healthier lifestyle choices into their daily routine.

## Region 8 Facilities

Beaufort County Health Department  
601 Wilmington Street  
Beaufort, SC 29902  
(843)525-7615

Hampton County Health Department  
501 Carolina Avenue West  
Varnville, SC 29924  
(803)943-3878

Bluffton Health Center  
4819 Bluffton Parkway  
Bluffton, SC 29910  
(843)757-2251

Jasper County Health Department  
359 East Wilson Street  
Ridgeland, SC 29936  
(843)726-7788

Colleton County Health Department  
219 South Lemacks Street  
Walterboro, SC 29488  
(843)549-1516

Region Headquarters  
1235 Lady's Island Drive  
Port Royal, SC 29935  
(843)525-7603

### Health Indicators for Public Health Region 8: Beaufort, Colleton, Hampton and Jasper Counties

The following sections highlight selected health indicators based on those from the United Health Foundation and produced in partnership with the American Public Health Association (APHA) and the Partnership for Prevention. These indicators are among those most commonly requested, and assist us in monitoring changes in the health of our local communities. They also help to analyze emerging health problems and to recognize encouraging trends. This information is meant to provide a common base of public health information on which to focus.

The information presented here is meant to provide a common base of public health information on which to focus, and is based on data gathered as part of the S.C. Department of Health and Environmental Control's assessment and surveillance activities. The selected health indicators are leading causes of death or reflect other important public health issues. More information about these indicators from the State and National level can be obtained from the United Health Foundation website at this address: <http://www.unitedhealthfoundation.org>.

The usefulness of this or any public health data is limited by availability of the most recent data that must go through accuracy tests before being made public. The data used in this report cover all four counties of Region 8 and are compared to State level data. The DHEC regions were ranked from one to eight, with "1" being the best in that category and "8" being the worst in that category. Definitions of the data used, how the data is derived, and the source of the data immediately follow.

# Primary Health Indicators - Definitions

Risk/Outcome	Definition
<b>Adequacy of Prenatal Care</b>	UPDATED DATA: Rates of live births with adequate prenatal care (Kessner Index), SC 2004-2006* average annual data (residence), rates per 1,000 live births.
<b>Cancer Deaths</b>	UPDATED DATA: Age-adjusted malignant neoplasms (cancer) death rates based on the 2000 standard population, SC 2004-2006 average annual data (residence), rates per 100,000 estimated population, ICD codes C00-C97.
<b>Children in Poverty</b>	UPDATED DATA: Percent of children less than 18 years of age below the poverty level, SC, 2005 SAIPE Estimates available from the Census Bureau web site. Poverty level data based on SAIPE county estimates provided by U.S. Census Bureau.
<b>ER Visits</b>	UPDATED DATA: Percent of inpatient hospitalizations and emergency room visits (an unduplicated count of persons) with a primary expected pay source of 'self' or 'indigent', SC, 2005 data (residence) provided by the Office of Research and Statistics, SC - BCB. Source: SC UB-92 Billing Data.
<b>Heart Deaths</b>	UPDATED DATA: Age-adjusted heart disease death rates based on the 2000 standard population, SC 2004-2006 average annual data (residence), rates per 100,000 estimated population, ICD codes I00-I09, I11, I13, I20-I51.
<b>High Blood Pressure</b>	UPDATED DATA: Component of 'Risk for Heart Disease' indicator: Estimated percent of population who were ever told by a health professional that they have high blood pressure (excludes 'during pregnancy'), SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>High School Graduates</b>	UPDATED DATA: Percent of ninth graders completing high school within four school years (2003-2007). South Carolina public school graduation data provided by the SC Department of Education. NOTE: Charter schools not included in regional rates or state rate.***** 2006 state percentage includes charter schools, while regional percentages do not.
<b>Incidence of AIDS*</b>	UPDATED DATA: Incidence rates of AIDS cases* per 100,000 estimated population, SC, 2004-2006 average annual data (occurrence) provided by the Bureau of Disease Control, SC DHEC. NOTE: District AIDS data exclude out-of state residents.
<b>Infant Mortality - 3 Year</b>	UPDATED DATA: Infant death rates, SC 2003-2005 average annual data (residence), rates per 1000 live births.

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

\* AIDS cases include only those persons who are HIV positive AND who have progressed to AIDS.

# Primary Health Indicators - Definitions

Risk/Outcome	Definition
<b>Limited Activity Days</b>	UPDATED DATA: Estimated mean number of limited activity days during the past month, SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>Motor Vehicle Deaths (Miles)</b>	UPDATED DATA: Motor vehicle fatality rates, SC 2006 data (occurrence), rates per 100 million estimated miles traveled. Data provided by the SC Department of Public Safety and the Department of Transportation. **
<b>No Physical Activity</b>	UPDATED DATA: Component of 'Risk for Heart Disease' indicator: Estimated percent of population who do not engage in leisure time physical activity, SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>Population Classified as Obese</b>	UPDATED DATA: Component of 'Risk for Heart Disease' indicator: Estimated percent of population who are classified as 'obese' based on body mass index groupings, SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>Prevalence of Smoking</b>	UPDATED DATA: Estimated percent of population classified as 'current smoker', SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>TB Rates</b>	UPDATED DATA: Rates of tuberculosis cases per 100,000 estimated population, SC, 2004-2006 average annual data (occurrence) provided by the Bureau of Disease Control, SC DHEC.
<b>Total Mortality</b>	UPDATED DATA: Age-adjusted death rates for all causes of death based on 2000 standard population, SC 2004-2006 average annual data (residence), rates per 1,000 estimated population.
<b>Violent Crimes</b>	UPDATED DATA: Rates of reported violent crimes (murders, rapes, robberies, and aggravated assaults) per 10,000 estimated population, SC, 2004-2006 average annual data (occurrence) provided by the South Carolina State Law Enforcement Division.
<b>Work Related Deaths</b>	UPDATED DATA: Rates of work related deaths* (residence data provided by SCDHEC) per 100,000 estimated employed workers (occurrence data provided by SC Employment Security Commission), SC, 2004-2006 average annual data. *Specifically, a 'yes' response to the question 'Injured at work?'.
<b>Years of Potential Life Lost (75)</b>	UPDATED DATA: Rates of Years of Potential Life Lost (YPLL) prior to 75 years per 100,000 estimated population less than 75 years, SC, 2004-2006 average annual data (residence).

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

\* AIDS cases include only those persons who are HIV positive AND who have progressed to AIDS.

## Regional Historical Detail - Health Indicators

	2007		2006		2005		2004		2003	
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
<b>Region 8</b>										
Adequacy of Prenatal Care	474.3	8	595.5	8	555.7	8	590.9	8	554.4	8
Cancer Deaths	181.1	1	194.7	1	193.5	2	197.7	2	198.9	1
Children in Poverty	24.2	5	22.6	5	21.1	5	21.5	5	21.1	5
ER Visits	18.0	1	21.1	3	19.2	6	18.8	6	19.4	6
Heart Deaths	165.1	1	212.4	1	188.3	1	193.5	1	208.0	1
High School Graduates	65.8	7	71.2	7	72.6	7	70.2	8	72.8	6
Incidence of AIDS*	14.6	3	16.1	3	14.5	3	14.1	3	15.9	3
Limited Activity Days	1.9	1	2.2	1	2.7	3	2.4	4	2.4	7
Motor Vehicle Deaths (Miles)	1.9	2	2.1	8	2.8	7	2.6	6	2.2	4



## Regional Historical Detail - Health Indicators

	2007 Rate	2007 Rank	2007 State Rate	2006 Rate	2006 Rank	2005 Rate	2005 Rank	2004 Rate	2004 Rank	2003 Rate	2003 Rank
No Physical Activity	21.8	3	24.3	26.9	6	14.9	1	16.8	2	24.7	4
Population Classified as Obese	25.4	1	29.4	24.4	1	21.7	1	25.9	5	24.4	3
Prevalence of Smoking	22.6	5	22.3	19.0	1	27.3	7	18.2	1	26.6	5
TB Rates	5.1	4	5.6	6.3	5	8.3	6	7.9	6	8.3	5
Total Mortality	7.3	1	8.9	7.6	1	7.9	1	8.1	1	8.3	1
Violent Crimes	74.9	4	77.5	76.1	4	78.8	4	80.0	4	83.3	5
Work Related Deaths	7.7	7	4.8	8.2	8	7.6	8	7.9	7	7.2	6
Years of Potential Life Lost (75)	8,490.6	3	9,342.1	8,622.4	3	8,553.7	1	8,324.6	1	7,831.6	1

# Health Indicators - Definitions

Risk/Outcome	Definition
<b>Binge Drinking</b>	UPDATED DATA: Estimated percent of population classified as a binge drinker, SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
<b>Can Not Receive Needed Health Care</b>	UPDATED DATA: Estimated percent of the population that reports not seeing a doctor in the past 12 months when needed to because of costs, SC, 2006 data (residence) from BRFSS survey. Did not receive needed health care measures the percentage of the population that did not get needed health care (medical care or surgery) in the twelve months prior to being interviewed. (Not asked on 2003).
<b>Firearm Deaths</b>	UPDATED DATA: 2006 Mortality Rates due to Firearms (Homicides, Suicides & Accidents) per 100,000 Estimated Population.
<b>General Health Status</b>	UPDATED DATA: Estimated percent of population classified as having 'fair or poor health', SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. The data are based on answers to the question, "In general, would you say that your health is excellent, very good, good, fair or poor?" The percentage of persons reporting less-than-good health (i.e. fair or poor) is detailed here.
<b>Lack of Health Insurance</b>	UPDATED DATA: Estimated percent of population who do not have health care coverage of any kind, SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. No health insurance measures the percentage of the population without health care coverage of any kind, including prepaid plans, HMO's or government plans (Medicare).
<b>Motor Vehicle Deaths (Population)</b>	UPDATED DATA: 2006 Mortality Rates due to Motor Vehicle Crashes per 100,000 Estimated Population.
<b>No Dentist Visit</b>	UPDATED DATA: Estimated percent of the population who haven't had a dental visit in the last 12 months, SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance system (BRFSS) survey. No recent dental visit measures the percentage of the population that did not see a dentist in the last 12 months.
<b>Overweight &amp; Obesity</b>	UPDATED DATA: Estimated percent of the population that are classified as 'overweight or obese', SC, 2006 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Overweight & Obesity measures the percentage of the population that has a body mass index (weight in kg divided by height <sup>2</sup> in m <sup>2</sup> ) greater than 25 kg/m <sup>2</sup> .
<b>Sexually Transmitted Disease - Chlamydia**</b>	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component A' ** Indicator measures the 2006 number of reported cases of chlamydia as the rate per 100,000 estimated population.

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

\*Data for the 'Lead Poisoned Children' indicator are provided by the Childhood Lead Poisoning Prevention Program, MCH, DHEC

\*\*Data for the 'Sexually Transmitted Disease' Indicators are provided by the Bureau of Disease Control Program, SCDHEC. These data are tabulated by 'date of diagnosis', rather than 'date of report'. Stae rates include cases with 'unknown' Region. Data are considered provisional.

## Health Indicators - Definitions

Risk/Outcome	Definition
<b>Sexually Transmitted Disease - Gonorrhea**</b>	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component B' ** indicator , measures the 2006 number of reported cases of gonorrhea as the rate per 100,000 estimated population.
<b>Sexually Transmitted Disease - Syphilis**</b>	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component C' ** indicator measures the 2006 number of reported cases of all types of syphilis as the rate per 100,000 estimated population. Note: Includes all syphilis cases, not just infectious syphilis.
<b>Smoked While Pregnant</b>	UPDATED DATA: 2006 Percents of Live Births Whose Mothers Reported Smoking During Pregnancy.
<b>Teen Birth Rate</b>	UPDATED DATA: 2006 Live Birth Rates per 1000 Females 15-19 Years Old (Estimated Population).
<b>Years of Potential Life Lost (85)</b>	UPDATED DATA: 2006 Years of Potential Life Lost (YPLL) Prior to Age 85 per 100,000 Estimated Population Less Than 85 Years Old.

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

\*Data for the 'Lead Poisoned Children' indicator are provided by the Childhood Lead Poisoning Prevention Program, MCH, DHEC

\*\*Data for the 'Sexually Transmitted Disease' Indicators are provided by the Bureau of Disease Control Program, SCDHEC. These data are tabulated by 'date of diagnosis', rather than 'date of report'. State rates include cases with 'unknown' Region. Data are considered provisional.

Regional Detail: Health Indicators											
Supplemental Indicators	2007										
	2007 Rate	2007 Rank	State Rate	2006 Rate	2006 Rank	2005 Rate	2005 Rank	2004 Rate	2004 Rank	2003 Rate	2003 Rank
Region 8											
Binge Drinking	16.1	6	13.4	13.7	7	14.7	6	14.7	5	16.1	7
Can Not Receive Needed Health Care	17.2	6	14.9					0.0	0	6.6	5
Firearm Deaths	19.1	8	14.0	13.2	5	11.5	2	13.5	3	10.0	1
General Health Status	14.5	3	17.0	15.1	2	13.2	1	13.2	3	17.1	4
Lack of Health Insurance	21.0	7	16.6	18.9	4	14.8	3	23.5	8	17.8	7
Motor Vehicle Deaths (Population)	21.8	4	24.0	30.4	7	32.6	7	21.9	4	26.3	4
No Dentist Visit	33.3	4	33.8			27.6	1	33.1	5	28.7	1
Overweight & Obesity	64.0	3	65.4	59.0	1	59.9	3	61.7	6	54.3	1

## Regional Detail: Health Indicators

### Supplemental Indicators

	2007 Rate	2007 Rank	2007 State Rate	2006 Rate	2006 Rank	2005 Rate	2005 Rank	2004 Rate	2004 Rank	2003 Rate	2003 Rank
Sexually Transmitted Disease - Chlamydia**	388.3	3	444.3	430.8	3	546.8	7	435.5	7	272.6	3
Sexually Transmitted Disease - Gonorrhea**	139.4	1	211.8	151.5	2	256.2	7	223.8	6	98.1	1
Sexually Transmitted Disease - Syphilis**	4.5	1	9.6	5.5	1	4.6	1	5.1	2	12.4	4
Smoked While Pregnant	8.4	1	13.0	8.7	1	9.5	1	9.0	1	9.8	1
Teen Birth Rate	60.1	7	53.0	61.0	7	57.5	7	62.9	7	66.0	8
Years of Potential Life Lost (85)	12,178.2	1	14,181.3	13,049.7	1	13,600.0	3	13,907.1	2	13,384.2	1

- Notes -







## ***Our Mission***

We promote and protect the health of the public and the environment

## ***Our Vision***

Healthy people living in healthy communities

## ***Our Goals***

- Increase support to, and involvement by, communities in developing healthy and environmentally sound communities
- Improve the quality and years of healthy life for all
- Eliminate health disparities
- Protect, enhance and sustain environmental and coastal resources
- Improve organizational capacity and quality

***South Carolina Department of Health  
and Environmental Control***